PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

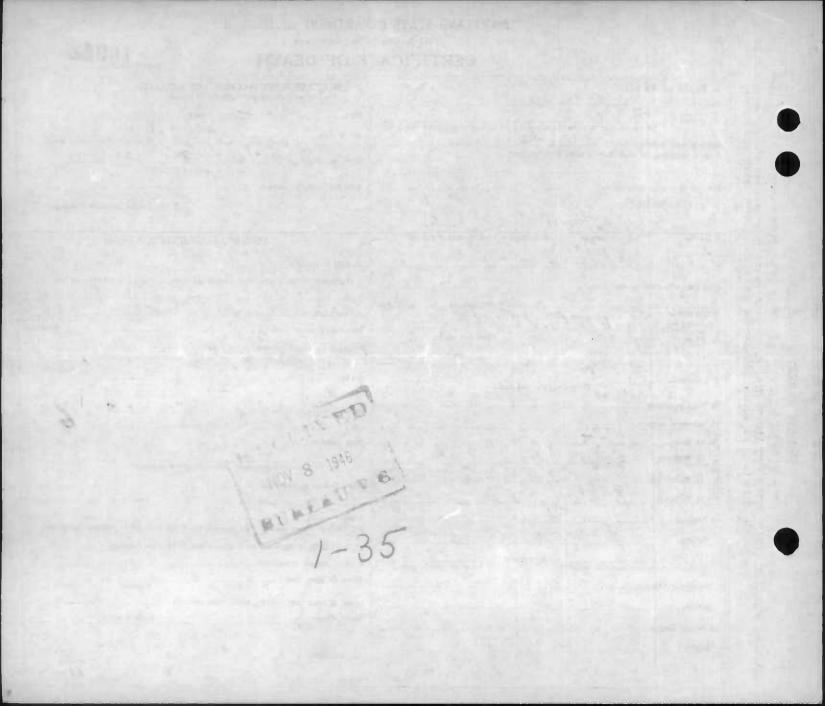
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 927

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	Reg.	Diat.	No.	*****			melle

A CONTRACTOR OF THE CONTRACTOR	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infents give residence of mother)
City or iowa. (If outside city or town limits, watte RURAL and give nearest town)	State County County
Hawless is about along at doubt?	City or lown (if outside city or town limits, write RURAL end give nearest town)
How long in above place of death?	nos/1 - ob/7 or about
	Street No. (If rural give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME?	3. (b) Social Security Number
Herse Loward Clash	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female Strell single	20. DATE OF DEATH 19 19 19 M
	21. I CERTIFF) that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	101ay 8 1988, to 00 4 1946
7. Birth date of	and that I last saw hely alive on DOF 23 19.44
deceased (mo., day, yr.) 187-10, 1866	Immediate cause of death Ada DURATION
8. AGE: Years Months Days If less than one day	10 MONIA Unstraight In Procon
7 9 21 9 min.	Fut Artoped alek of dinner Tables
812 mg - 1nd	of State of the st
9. Birthplace(Town, county, and atate)	Due 10
10. Usual occupation	Charles William Colleges De Daving
11. Industry or business	Due to Milliam Market and Market
	A LAND THE STATE OF THE STATE O
12. Name 12.	Diher conditions.
= 14. Maiden name Image Hrances Stoward	(Include pregnancy within 8 months of death) Major findings of operations.
14. Maiden name BROA - MA	Major mudugs of operacous.
16, Informant Mollie A USA Desler	Autopsy results
antimo mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Jacon - 1/40	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Barial, cremation, or removal. Which?), (Barial, cremation, or removal. Which?),	Accident, suicide, or homicide
Cemetery or crematory. EER try Cemetery	Where did injury occur?
Location ELSK ton.	Injured at home, farm, Industry, public place (where?)
6/1.12,1.	Means of injury Injured at work?
18. Funeral director	De y/ May! // by
Address Clitton mil	as CICHATURE THE STATE OF THE S
19 how 6 1946 FR Frages	23. SIGNATURE M. D. or other Address Blon - M. D. or other Bote signed J - 4-1944



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist.	N	9	20

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long le above place of death? 70 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where delith occurred.	Street No. 139 Caccus ST
	(If roral, give LOCATION)
How tong in hospitat or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Gadius E. Barthono	14 us 3. (b) Social Security Number 25 213-16-4625
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored manuel	20. DATE OF DEATH Movember 19 1846, at 9 Phr
8.(6) Name of husband or wife. Sauthons thus	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 1, 189/	and that I last saw h. Long, alive on have 18 4 6
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
	Could manfflerency 1 year.
11,0, + + 1:00	
8. Birthplace (Town, coonty, and state)	Due to
10. Usuat occupation Laborer	
11. Industry or business	Due to.
	Car faringent Lyn
12. Hame Offiel 13. Birthplace West Indies	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Betty St. Birthplace West Indies	Major findings of operations.
E 15. Birthplace Will Indied	Date of op
16, Informant Zeola Burthon others	Anlopsy results
Address 139 Collins St Eleton md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busil 11 22 1816	22. VIOLENCE: tf death was due to external causes, till in the following;
(Burlal, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Providence Cemetery	Where did injury occur?
location Electron Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Calker R. Beld	Means of Injury Injured at work?
Address 909 Shopfan Old Wil Fres	0-100
11 200 11 201	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)	Address Ellets Was Date signed 11/20/46

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DURATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

*	٠	Reg.	Dist.	No	~

	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residuee of mother) State. County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
	3.(a) FULL NAME Biddle, George M.	3. (b) Social Security Number
	4. Sex Sex Se	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERUFY that death occurred on the date above stated; that I altended deceased from 18. ————————————————————————————————————
l	(Date rec'd by registrar)	Address CLOTA, Many and Date signed Mo.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The co important. Physicians: please write the causes of death clearly and legibly.

The correct age

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

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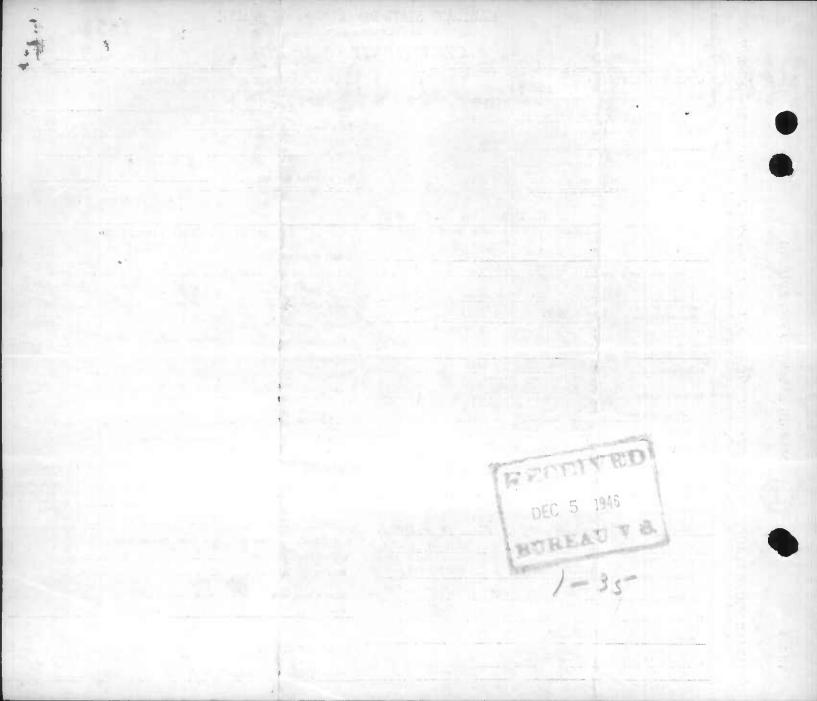
02111110111	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give pesidence of mather)
City or town	State County County
How long in above place of death?	City or town (If nutside city og town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
1. (a) FULL NAME De en ne Eleg Nor Bourg.	3. (b) Social Security Number
74. Sex S. Color or race 6.(a) Single, married, wildowed, or divorced Service	MEDICAL CERTIFICATION 20. DATE OF DEATH PARTIEL 10 19 4 6 21 8 2 0 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.46.
7. Birth date of deceased (mo., day, yr.) Oct 9 1946	and that I tast saw had silve on 19 DURATION
8. AGE: Years Months Days If less than one day	Immediate)cause of death DURATION
	7/2 WHA Chi
9. Birthdage (Town, county, and state)	Due to
10. Usual occupation.	Due to
11. Industry or business 12. Name Celfue dob burg. 13. Birthplace & a (40 Mag.)	Other conditions
14. Maiden name EPeanor Jackson 15. Birthplace Principio Fornace, Md.	(Include pregnancy within 3 months of death) Major findings of aperations
	Date of op
Address Principlo Furnace, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bulla L. Bate thereof (month) (day) (year)	22. VIOLENCE: tf death was due to externat ceuses, filt in the following: Accident, suicide, or hemicide
Cemetery or crematory PK LM C PLD CEMETER Y	Where did injury occur?
Location Prig Cipio Fornace, Mg.	Injured at home, farm, todustry, public place (where?)
18. Funeral director LL & Gattuson & Son	Means of Injury tojured at work?
Addres Perryvelle, man	23/SIGNETHE PURILLANDELLE
19 Mod /11, 19 Hla FRInger	Kenny Sun Med 1/10.46

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (95%) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Cecil (For newborn infants give residence of mother) County _____ Maryland Cecil Rural (If outside city or town limits, write RURAL NEAR and give town) ormation should carefully death clearly and legibly. City or town. Street address, hospital, or institution: (If outside city or town limits, write RURAL NEAR and give town) Stay in hospital or inst. (yrs., or mos., or days) (If rural give LOCATION) Stay in this community (yrs., or mos., or days) ____ 2(a) IF VETERAN, NAME WAR _____ 3. (a) FULL NAME 3. (b) Social Security Number Elizabeth W.Brown 4. Sex 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION FOR BINDING Single Nov -30 1946 info B (b) Name of husband or wife -T. Birth date of Nov 16 1870 deceased (mo., day, yr.) DURATION If tess than one day 8. AGE: Months MARGIN RESERVED 76 IFADING INK. Physicians: please Calvert Maryland 9. Birthplace. (Town, county, and state) Companion 10. Usual occupation 11. Industry or business Ellis Brown Calvert Md. 13. Birthplace (Include pregnancy within 8 months of death) important. M. Hoopes 14. Malden name PHYSICIAN Major findings: Penna. Please underline 15. Birthplace the cause to which death should be charged statisti-PLAINLY, especially in Burial 22. VIOLENCE: If death was due to external causes, fill in the following: Dec 4th Date thereof ___ (Burial, cremation, or removal, Which?) (month) (day) (year) Accident, suicide, or homicide SE WRITE I Rose Bank Calvert Md Where did injury occur?. Cemetery or crematory_ (City or town) (County) injured at home, farm, industry, public place (where?) ____ Means of Injury Injured at work? 18. Funeral director EASE Rising Sun Md. 23. SIGNATURE. M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18F2 CERTIFICATE OF DEATH

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Keg. Di	110.		*****************

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mether)	
County	State Md County Cecil	
City or town	616+ 2 1	
How long in above place of death?	(If outside city er town limits, write RURAL and give near	areat town)
Hospital, Institution, or street address where death occurred:	Street No. 129 W. High St.	**************
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Catherine Delp.	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	1.40
. wh. wedowed	20. DATE OF DEATH MO 1 9 19 76	at D A M
8.(b) Name of husband or wite. It best Jelp.	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from
7. Birth date of	and that I last saw h 20 alive on ho. 4	19 46
deceased (mo., day, yr.) Uperal 17, 1860.	Immediate cause of death	DURATION
8. AGE: Years Months Bays I fless than one day	Usemia -	100 1/4
86 6 20min.		
9. Birthpiace. (Town/county, and state)	Due la Cardis · vas culan - real	***************************************
1 1/2	design	*
10. Usual occupation	Due to	
11. Industry or business		
12. Name William Jawhest 13. Birthplace Pa	Dther conditions	***************************************
	(Include pregnancy within 8 months of death)	
14. Maiden name Mary Jane Spangler	Major findings of operations	**********************
15. Birthplace Pa_	Date of op.	***************************************
18. Informant Oranges G. Hultsch	Autopsy results.	***************************************
Address 129 W. High St Elklow med	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Remort none 6/46	22. VIOLENCE: tf death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereot (mentb) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	(State)
Location Mane Pa	Injured at home, farm, Industry, public place (where?)	
0:	Means of Injury Injuryd-at work?	
18. Funeral director.	4	^
Address Claton, Mad	23. SIGNATURE On & Lord M. Duc	Ly
19. Moc 6 19.46 IN Trazer (Date rec'd by registrar) (Date rec'd by registrar)	Address & lety by Date stended	10 6, 19 LL

PERSONAL STATE PROPERTY OF HEALTH

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Pho

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Reg.	Dist. No. 920

CERTITION	Reg, Dist. No.
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Ses J. S. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH ROT. 6 19.46 at 229 fm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 16 to 757 6 19 16 and that I last saw h
9. Birthplace Transfer (Town, county, and abote) 10. Usual occupation Transfer (Town, county, and abote)	Bue to Place Proce
11. Industry or business 12. Name Stephen Blendy 13. Birthplace Galicia	Bither conditions (Include programes within 3 months of death),
14. Maiden name Jlekela Celvic 15. Birthplace Golicia 16. Informant Molabel Blandy	Major findings of operationa. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Chearleske City McC 17 (Burial, cremation, or removal. Which?) Cemetery or crematory. These Catholics	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Hutppfin Address Eleton Ind	Injured at home, farm, Industry, public place (where?)
19. Nov & 1944 JRJ (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Cheaperbell M. Date signed 11/8/46

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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Oity or town (If outside city or town limits, write RURAL and give nearest (1) wn) Street No. (If rural, givo LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 221-02-9593
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced New York Color of the Color	MEDICAL CERTIFICATION 20. DATE DF DEATH November 26 19 46 at 40 M 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) Qee. 8. (GOO) 8. AGE: Years Months Days If less than one day hrs. mio. 9. Birthplace Cles we will be the county and state of the c	and that I lest saw h
11. Industry or business 12. Name	Other conditions
Address Cult Uplica City Miles 17. 17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location Characteristics Location Address Cult Uplicate Miles Mile	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. At Control of the Staff St	23/SIMPLE ELECTRON NO M. D. or other 27-46 Address Usuny Seur Mul Date signed: 1/27-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

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Rev. Dist. No. 96

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give esidence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
	City or town Les afrails Us
How long in abovo place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street appress where years occurred.	Street No
***************************************	(If rural, give LOCATION)
How tong to hospital or institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White widowed	20. DATE DE DEATH. NOVEMBER 5 1046- at 2a. M
6.(b) Name of husband or wife many Cellice Duttamel	21. I CERTIFY hat death occurred on the date above stated; that t attended deceased from
	July 10 11 46:10 War 3- 18 46
7. Birth dato of To 1817	and that I last saw h. A. alivo on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate capse of death
76 4 6	Chronic Myscarditis 10 yes
// Dhrsmin.	
9. Birthplace Earleville Cent Ful	me in Meorice Oudocordes 1000
7 (10wd, county, and state)	
10. Usual occupation. Farmer	
11, Industry or business	Due 10
12. Name John T. Du Haurel 13. Birtholaco Saslavella 200	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Lydra / tag	
14. Malden name Lydra Hagne 15. Birthotaco Easlaville Mayland	Majar findings of operations.
	Date of op.
16. Informant alla Nable	Autopsy results
Address Rewark Delawan	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17 Buscal Bate theroof New 8 1846	22. VIOLENCE: If death was due to extornal causes, fill in the following;
(Burial, cremation, or removal, Which?) Date theroof (month) (day) (year)	Accident, suicido, or homicide
Cempter or crematory Bethel Cecusting	Where did injury occur?
Cemetery of crematory.	(City or town) (County) (State)
Location Character Charles	Injured at home, farm, industry, public place (where?)
18. Funeral director HUP IN	Means of Injury Injured at work?
Enut. na.	Alla ma
Address Cercion 1100	23. SIGNATURE O SITURGON, M. A.
10 Hor 6 worth - James Endowshit	A + M. D. or other
(Date rec'd by registrar)	Address POL DELSOUL Date signed 18/46

MALITAND STATE DEPARTMENT OF HEALTH
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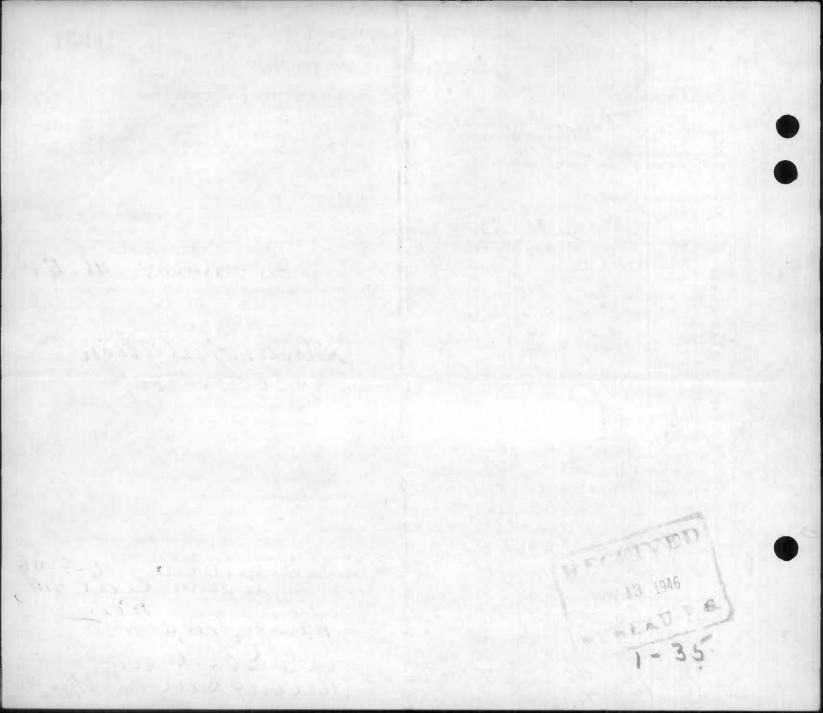
1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (140)

2. USUAL RESIDENCE (HOME) OF DECEASED:

County	State
E	(If rural, give LOCATION)
How long to hospital or Institution?	2.(a) ti veteran, name war
How long in hospital or institution? 3. (a) FULL NAME Russell Lee Hom	3. (b) Social Security Number 229-05-8067
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced make Married	20. DATE OF DEATH. Pronentile 9 19 46 21 5
male White manied 6.(b) Name of husband or wife. Mystle Hommer 5.(c) If alive, give age. 3	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
3. Birthplace Elaton : Va (Toyn, county, and state)	Due to garangang
10. Usual occupation	Due to
12. Name Henry B. Hanner 13. Birthplace Ellston Va. 14. Maiden name Magaet merica 15. Birthplace Ellston I Va.	(Include pregnancy within 8 months of death) Major fiedings of operations.
	Actorsy results
Address Port Diffusit. md. R. Fr. D 17. Buil (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide.
Cemetery or crematory West Vallengham Location Colora Ind.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director for the string from Md,	Means of in Wellinger of the character of the control of the character of
in District by February 19 11 - 16 27 Monthung to	23. SIGNITURE CONTROL OF SURVEY Address M. D. pr geher Address Marin G. Survey More signed 1. 1. 5 -



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Rog. Dist.	No	9	60

1. PLACE OF DEATH: County		9 Jan. 1946 Bainbridge, Md.	State Dallas City or town Cif outside city or town limits, write RURAL and give nearest town) Route #6 Box 123 City or town Cif outside city or town limits, write RURAL and give nearest town) Street No. Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town) Cif outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAME	Orie	Leona	rd HILL	3. (b) Social Security Number	
Male Single Single Male Negro Negro				MEDICAL CERTIFICATION 4 Nov. 1946 46 9:35	P
6.(b) Name of husband or wife			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18.46 to Nov 19.4 and that I last saw him alive on 4 November 19.4.	_
8. AGE: Years	Months 7	Days 16	If tess than one day	Respiratory failure 1 wee	k
9. Birthplace Eastpoint, Louisana 10. Usual occupation. Steward's Mate U.S. Navy 11. Industry or business			state)	Due 10. Tubercular pneumonia 2 mos and Chylothorax 1 mo.	
13. Birthplace	Ringgold	L'a	syton.	Other conditions (Include pregnancy within 3 months of death) Major fieldings of operations. Empyema Date of op. March 46	
Address USNH, NTC, B inbridge, Md.				Autopsy results. Generalized Tuberculosis PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Removal (Burlat, cremation, or removal, Which?) Cemetery or crematory. Location Pinggold, La				Accident, suicide, or homicide	
18. Funeral director.	Fela Pa cyville	tters	on & Son.	Means of Injury Injured at work? Injured at work?	41



vidence for	idence is sho STATE OF MARYLAND—	
info sta UP/	1. PLACE OF DEATH G 108 1/29/47	(830)
onld OCC	County Cecil	Registration Dist. No. 900
1 4 2	Village or City Cesil ton	No. St Ward
of sl	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
ent in	Length of residence in city or town where death occurred A /-yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Ev	2. FULL NAME Manne Jackson	If U. S. Veteran, specify WAR.
Every	(a) Residence: No: tocolony, manyland	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO . PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
K. K.	OR DIVORCED (write the word)	27" 1946
S L S	5a. It married, widowad, or givorcad	(Month) (Dey) (Year)
N Si C N	HUSBAND of John Jackson	22. I HEREBY CERTIFY, That I ettanded deceased from
N A A Selass		nor-14", 1946, to nor-27, 1946
BII EXER EX	6. DATE OF BIRTH (month, day, and year) Feb 26-1882	I last saw h alive on 26, 1946; death is said
R A P P ed ed erl	7. AGE 64 Years Months Days it LESS than 1 day,hrs.	to have occurred on the data stated above, at 3.44A.m.
FOR E IS A PI stated I properly certificate	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance ware as follows:
- 70	8. Trede, protession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral apoplery mo13-41
TED THIS I pe	SAWYER, BOOKKEEPER, etc	Henriplegla 1
RV ould may back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERV G INK—T GE should that it may ins on back	0 10. Date deceased last worked at 11. Total time (years)	
REST INGE I THAT THAT ONS	o this occupation (month and yaar) spent in this occupation	
ZATE	12. BIRTHPLACE (city or town) Cecilton, Wed.	Other Coutributory Causes of importance:
GIN ADI	(Slata or country)	
RC VF. VF. plie plie rms	II 13. NAME alvahane auderon	,
TA Un sup te	13. NAME alvohane anderon	Name of operation Data ot
Ly selain	(State or country)	What test confirmed diagnosis? Was thera an au'opsy?
TEEL	15. MAIDEN NAME Martha anderson?	23. It death was dua to axternal causes (VIOLENCE) fill in also the following:
ra Francis	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ATT	∑ (State or country)	Where did injury occur?
ld be DEA y imp	17. INFORMANT Coalter Ruley - Carlton Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
PL. hould OF D	(Address)	
E W E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Ceretifies Data Data 1970	Nature of injury
-WRIT mation CAUSI	19. UNDERTAKER Coustin L. Couch	24. Wes diseese or injury In any way related to occupation of deceased?
No.	(Addrass) 109 Pohe St - Widdleton Del	If so, specify
83	20. FILEDILLE 2 1946 Mrs Haised & Chain	(Signed) Dancy W. Jewis M. D.
PAI	Registrat	(Address) () Middletons - tol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," étc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CERTIFICATE OF DEATH

10954 Reg. Dist. No. 920

2411 N. C	Charles St., Baltimore 93-2
CERTIFIC	CATE OF DEATH Rog. Dist. No. 920
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME	3. (b) Social Security Number
Arriasos Jones	how
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whele widower	20. DATE OF DEATH 700 21 - 15 6 att 40
8. (b) Name of husband or wife	and that I lact saw half allege on the same of death the same of d
15. Birthplace Civil Co	Dale of op.
18. Informant Declased	Astopsy results
Address 17. (Burial, eremation, or removal, Which?) Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion East	Injured at home, farm, industry, public place (where?)
18. Funeral director Joseph R Grant Rach M	Mesns of Injury Injured at work?
10 had 22 1046 IR Frage	23. SIGNATURE M. D. or other istrar Addrese Ballon Date signed 154

MARGIN RESERVED FOR BINDING

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NOV 25 1946

BTREATING

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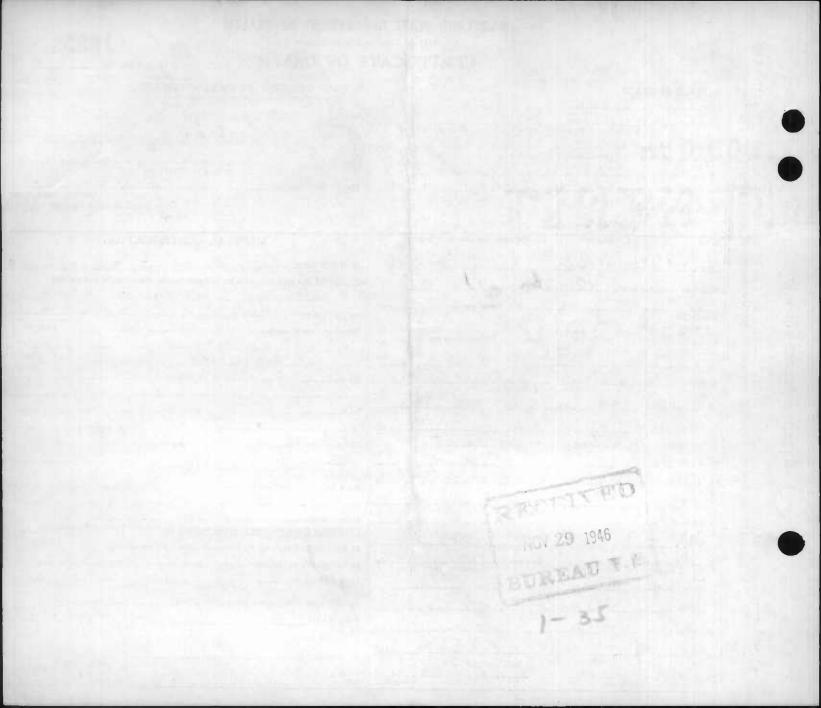
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N

Charles	St.,	Baltimore	22-6

*			1	0	9	5	5	
-	Reg	Dist.			9	-	2	٥

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	· Quea
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County City or town Portland
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street, address where death occurred:	Street No.
Using Hospital	(If rural, give LOCATION)
	a (a) It valence some way
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Adeline Judd	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH hovember 2 4 19 46 at 3 p. M
10 :63	21. I GERTIFY that death occurred on the date above stated; that Laltended decessed from
6.(b) Name of husband or wife	Des Lender 19.46, 10 hn. 24 19.46
	and that t last saw h en alive on how a 7 19 To
7. Birth date of deceased (mo., day, yr.) 1866	Immediate cause of death
8. AGE: Years Months Days It less than one day	On to it sould
80 —nrsmin.	
	Obstruction m. do
a substance Hazelton J'enna	Que to 4 Peris Filipara -
9. Birthplace (Town, county, and state)	
Home de la companya del companya de la companya del companya de la	
10. Usual occupation.	Due to
11. Industry or business	
12. Name martin Englishart	Other conditions
2 13. Rirthplaco	(Include pregnancy within 3 months of death)
14. Maiden name anna M Dioroth 15. Birthplace p pro recognod	
To manger manner.	Major fiedings of operations.
El 15. Birthplace / no regional	Date of op.
: 84. 21 1 Drugto 6/2 1/1 - 1/2	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address harledman, mal	
17 Burial Date thereot now 27-1946	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Buriai, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Landen	Where did injury occur?
Cemelery or crematory	
Locallon Charleston, med	Injured al home, farm, industry, public place (where?)
(P II	Means of Injury Injured at work?
18. Funeral director.	
Address orth East ho	as some of the Street Les
1 1 717	23. SIGHATURE M. D. or other
(Date rec'd by registrar) (Registrar	Address Elfatri My Date signed fun. L.
(Date rec'd by registrar) Registrar	II AUU(858



2411 N. Charles St., Bultimore

10956



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WRITE

PLEASE

VS A15

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County CECIL				State Ohio County		
City or town						
How long in above place of death? 1 mo. 2 days				City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospitai, Institution, or	street address where	death occurred	:	Street No. 2517 Auburn Street		
Veteran	s Adminis	tration	Hospital	(1f rural, give LOCATION)		
How long In hospital or institution?				2.(a) It veteran, name war.		
3. (a) FULL NAM				3. (b) Social Security	Number	
KENNE	DY, Frank	J.		Unknown		
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	White	M	arried	10 40	0.75 D.	
				20. DATE OF DEATHNo.vember 18 19 46		
8. (b) Name of husband	dhite Mar	ie Kenn	edy	21. I CERTIFY that death occurred on the date above stated; that I attended dece		
			:) If alive, give ageyears	October 16 19 46 16 November 18, 46		
T. Birth date of				and that I last saw h 1m alive on November 18	1846	
deceased (mo., dsy,)		gust 12		Immediair cruse of death	DURATION	
8. AGE: Years	Months	Days	It less than one day	Meningo vascular syphilis	Unk no wn	
48	3	6	hrs min.			
9. Birthplace		, county, and	itate)	Due to		
10. Usual occupation	Clerk		•••••	Busha		
11. Industry or busines				ove to		
				4		
F	Unknown	******************		Other conditions.		
13. Birthplace	OHAHO WII			Ure teral calculi, with infection, (Include pregnancy within 3 months of death) right		
14. Maiden name. 15. Birthplace	Unknown.			Major findings of operations.		
LOW 15 Birthplace	Unknown					
YY.	and tol Dod	onde		Date of op.		
16. Informant HO	spital Rec	nistra	tion Hospital	Antopsy results	statistically.	
Address P	erry Point	Maryl	and			
37 80 3046				22. VIOLENCE: it death was due to external causes, till in the following:		
17. Removal Date Ihereot Nov. 20, 1946 (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cemetery				Where did Injury occur?		
Location Baltimore, Mary land				Injured at home, farm, industry, public place (where?)	3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
the stand Dear				Means of Injury Infured at work?		
18. Funeral director				A S		
Address Ha	vre de Gr	Me Md	•	23. SIGNATURE.		
19 Nov. 20 18 46 June F. Douglock				V. J. COVALESKY, M.D., Clinical I	or other	
19. Post rec'd by re			Registra	Address Perry Point Md. Date signed	III C LOT	

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

90	2411 N. Charle	PARTMENT OF HEALTH a St., Baltimore 4450
rect	CERTIFICAT	E OF DEATH Reg. Dist. No
ormation carefully. The correct death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
information carefully of death clearly and	How long in above place of death?	(If outside city or town limits Frite RURAL and give nearest town) Street No
on	How long in hospital or institution?	2.(a) If veleran, name war
formati death	3. (a) FULL NAME Katharine Eliza	heth dockhart 3.(b) Social Security Number
	4 Sex (5 Colo or race (5.(a) Stagle, married, widowd	MEDICAL CERTIFICATION
TDING tem of causes	remalettinity Married	20, DATE OF DEATH 15 00 19 4 6, at 6 M
FOR BINDING ly every item of write the causes	6.(b) Name of Justina do Phan Sire age years 1. Birth date of deceased (mo., day, yr.) March 13, 1910	21. I CERTIFY that death occurred on the date above stated; that I altended decorted from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
Supplease	8. AGE: Years Months Days If less than one day 3.6 8 2	Immediate gase of death. DURATION 2714
00	9. Birthplace	Due to
et le	11. Industry or business 12. Hame and E Cegn 13. Birthplace Agricultus C5., Pa	Other condilions
WITH UNI	14. Maiden name- assan Montgome 15. Birthplace Cherter Co., Pa,	(Include pregnancy within 3 months of death) Mor findings of operations
LAINLY, Wespecially i	18. Informan Marie E. Fleen Address mourings Md. R. 10	Autopsy results
AIT	Backline 100. 19 1940	22. VIOLENCE: if death was due to exfernal causes, fill in the following:
PL is e	(Burial, genetical Winer;) (Burial, genetical Winer;)	Accident, suicide, or homicide
हें सि	Cemetery Walblin Cem	Where did injury occur?
9.45 WRI	Location Transport Co. May	Injured al home, farm, Industry, public place (where?)
	18. Funeral director The St. Barley	Meens of Injury injured af work?
VS A15	Address Colony Manne gla	23. SIGNATURE M. D. or other
Jemu	(Date ree'd by registrat)	Address Date signed Address



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3300

	1	00	150	
Reg.	Diat. I		150	40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	7		
City or lown. (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Julia W. Lum	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fernale White Widowed	20. DATE OF DEATH 100 d- 3 1946, 210 40 A M		
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
(/	may 10 19 Al, 10 Nov 3 19 Al		
7. Birth date of	and that I last saw h 22 alive on 71 3 1946		
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death The Carlet DURATION		
0, 402.	140		
87 / 2min.			
9. Birthplace North East Rural Ceuf Co. Md.	Due to		
10. Usual occupation	Due to		
11. Industry or business	DUC 10-		
# 12 Hame Benjamin Mauldin	Olher conditions		
12. Name Benjami Mauldin 13. Birlhplace			
	(Include pregnancy within 3 months of death)		
14. Maiden name Martha Clark 15. Birthplace mod	Major findings of operations.		
Z 15. Birthplace Md	Date of op.		
18. Informant Mas Jesse Luna	Autopsy results.		
Address north East Mid	PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
B 2151 Proposed 11-6-46	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemelery or crematory M. Thoulish	Where did injury occur?		
Location with East Ma	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Joseph A. Land	Means of injury Injured at work?		
Address north East, Ind	C/ Seems		
1/ (- 11 - Garas) T. Oswers	23. SIGHATURE		
19. (Date and day reconstruct)	Ident Touch Cast Male signed 11.5.46		



PLEASE.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

10960 Reg. Dist. No. 960

County City or town (If outside city or town limits write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give pesidence of mother) State City or lown (If outside city or toy in limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	2 (b) 515
4. Sex 5. Color of cace 8.(a) Single, married, wildowed, or divorced	Graw MEDICAL CERTIFICATION
Jemsle White Lingle	20. DATE OF DEATH. NOV. 2) 19.46.21.69. M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thet lattended deceased from 19. 45., to 10. 19. 45. and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
9. Birthplace Cecil Co., Will	Due to 10 Ms
1D. Usual occupation. (Town, county, and state)	Due to
11. Industry or business 12. Name D. L. James W. Magrang	Diher conditions
14. Maiden name Cecil Co., Ma. 15. Birthplace Cecil Co., Ma.	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Cecil Co., Md.	Date of op.
18. Interment DA James F. Magraw Address Perryville Ind.	Autopsy results
Burial Date thereof Nov. 22 /946 (Burial, cremstion, or remoyal, Whigh?) (Burial, cremstion, or remoyal, Whigh?)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory West Nottingham	Where did injury occur?
Location Location Latters of American	injured at home, farm, Industry, public place (where?) Meens ot injury injured at work?
18. Funeral director Cerryville, Md.	17. Malman
19. More de la 19 46 Frence & Daugher Régistrar	28. SIGNATURE M. D. O'E-BARRET Address Det yalle Med Date signed 21 44



× 10959

2411 N. Charles St., Baltimore GERTIFICATE OF DEATH

		C
Reg.	Dist.	No. 7

1. PLACE OF DEATH: County	Uity or lowner Land Land Land Land	nother)
Hospitat, Institution, o stroet address where death occurred:		
Exil County alms House	Street No.	
A	(If rurat, give I	
How tong in hospital or institution?	2.(a) tf veteran, name war	
3. (a) FULL NAME alfred- mary	leete	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CE	RTIFICATION USE 1846 OF ECE
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I ettended decoased from
	11	, to
7. Birth date of	and that I last saw halive oo	
doceased (mo., day, yr.) /866	Immediate cause ol death	DURATION
8. AGE: Years Months Days If less than one day		4
80hrsm		
Enstand.	Duo 10 Lacket	10
B. Birthplace		000000000000000000000000000000000000000
10. Usual occupation & allock		
11. Industry or business	Due to	
	9	
12. Name no formate 13. Birthplace "	Other conditions	***************************************
	(Include pregnancy within 8 me	onths of death)
14. Malden name	Major fiadings el operations	
15. Birthplace		
BH Crancle Suct		
16. Informant Court 72 -	PHYSICIAN: Please underline the cause to whi	
Address Election Pro		
17 Burial Date thereof Nov 20/94		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematory Electron Constant	Where did injury occur?(City or town)	(County) (State)
location Election med	Injured at home, farm, Industry, public place (whe	
24/11/11/11	Means of Injury	Injured at work?
1B. Funerat director.		/ Modical Examine
Address Election mit	- Wellinder	SAMAN COLL COM
4-10 11 747	23. LIGNATURE	M. D. or other
(Date rec'd by registrar) Registr	ar Address Manghen	(MCC) pale signed 1/15-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



correct age

KEASE WRITE

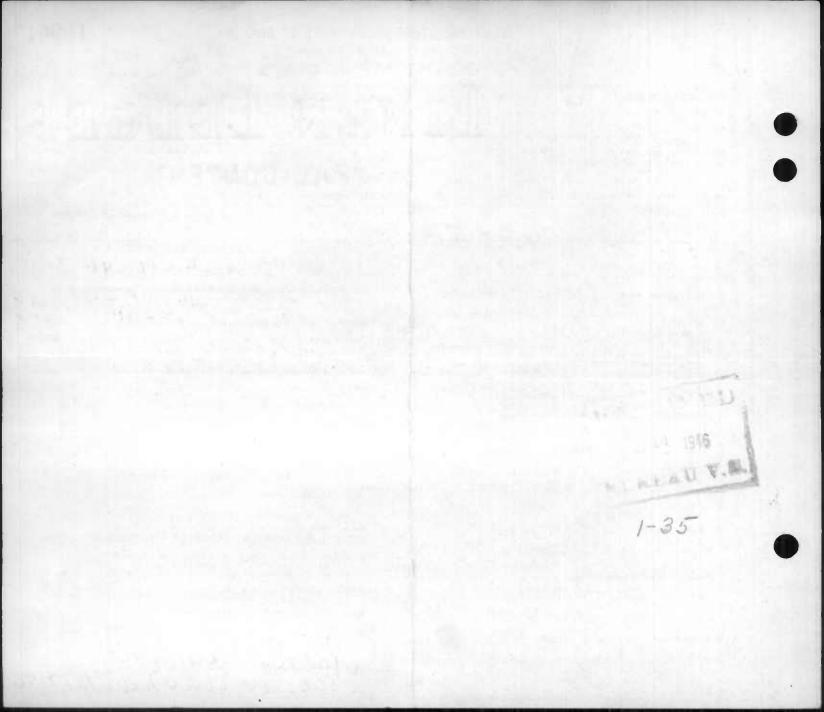
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies St., Baltimore (830)

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10961

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clear City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Phothe anne me Cu	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hemale white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 10 CONTROL 1 19 46 at 7 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from 19.4.6. 19.4.6. and that I last saw h. R
8. AGE: Years Months Days If less than one day 79 11 8hrsmin.	Due 10.
10. Usual occupation	Due to
11. Industry or business 12. Name Baird 13. Birthplace md	Dther conditions
14. Maiden name femas 15. Birthplace md.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Intermant Mr. Clarence Dare	Autopsy results PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
Address Ruing & M. Md. 17. Burial (Burial, cremation, or removal Which?) Date thereol (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory Pat Deposit. Ind.	Where did injury occur?
18. Funeral director. A. E. Zyson Address Rusing Syn md.	Means of injury lojured at work?
107/2.46 Zamioniniato	23 STOURTURE 1 OF COUNTY OF M. D. or other 2-46



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M	1 1	0.69
	1 49	30%
Reg.	Dist.	No. 96 O

1. PLACE OF DEATH: County			spital, Perry Point 1943 Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNA County City or town Apollo (If outside city or town limits, write RURAL and give Street No. BD #1 (If rurat, give LOCATION) 2.(a) Il veteran, name war. WW-II Social Secur None MEDICAL CERTIFICATION	nesrest town)
M	W	Si	ngle	20. DATE DF DEATH No vember 19 19.46	1:35 AM
8.(b) Name of hueband or wile		June 8 19 19 48 10 November 19 19 19 19 19 19 19 19 19 19 19 19 19	19 46 18 46		
8. AGE: Years	Months	Days	If less than one day	Bronchopneumonia	
9. Birthplace				Due to	
12. NameWi	lliam Thom Unknown	pson N	filler - deceased	Other conditions General parasis (Include pregnancy within 3 months of death)	Over 2 yrs
14. Maiden name Martha Crooks 15. Birthplace Unknown				(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Hospital records, VA Hospital, Perry Point, Ma.			A Hospital, orry Point, M.	Autopay results	ged statistically.
17Removal Date thereof Nov. 20, 1946 (month) (day) (year)				Accident, suicide, or homicide	
Cometery or crematory Greenwood Memorial Cemetery				Where did Injury occur? (City or town) (Ceunty)	(State)
18. Funeral director PENNINGTON & SQN, Havre de Grace, Md.			in & Rom	Injured at home, farm, industry, public place (where?) Means of injured at work? 23. SIGNATURE COVALESKY, M.D., Actg. C.M. Veterans, Admin. et al. (1988)	
19. Provide (Date rec'd by re	gistrar) 19. YC		Refigers	Veterans Administration Bale elg	n.Director

NOV 22 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State and County (acil
City or town (If outside city or town limits, write RURAL and give nearest town)	mail E. I mid
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph. H. OT	ay none
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored dine	20. DATE DE DEATH 20 DIV 5 19.46 21 7 30 A M
- Vac Co ag Gray	
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 4 1874	and that I last saw have alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
7 2 5 /hrsmin.	
MICHO ADD TOP	CO White and he
9. Birthplace (Town, county, and state)	Due to
70	
10. Usual occupation.	Buo to
11. Industry or business	
12. Namo Sevige Otay 13. Birthplace Kutteby	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Hoter Smith	
S 15 Birthulan	Major findings of operations.
) A (I) A 1.	Date of op.
16. Informant M Vs. Control W Vivin	Antopsy results
Address hortly East had	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burney Bate thereof 11-8-46	Accident, suicide, or homicide
(Burial, cremation, or removal, Whichi) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location notelly East had	Injured at home, farm, Industry, public place (where?)
18. Funeral director Joseph R. Frank	Means of Injury Injured at work?
Address Mostly East had	(). 10l med
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE
19. // - 6 19. 46 dida d Cloud	8601 - 1111. May 6 12.6



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

X	D.O	CA		
Reg. 1	Diat. N	0	9	20

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ror newboru infants give residence of mother) State
Hospilal, Institution, or street audress where death occurred:	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME of his It, Reed	3. (b) Social Security Number 214-20-9443
3. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 6 2550 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Cleil ton (Town, county, and state)	Bue to.
10. Usual occupation	Due 10
12. Name Challing Reed 13. Dirthplace Cexil ton Mid	Other conditions
14. Malden name. 27.0 Information 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Derival Conferm	Antopsy results
Address 119 Bello Lane Elkton m	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or regional, Which?) Bate thereof MAD / / 46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Clastone Cole Classet	Where did Injury occur?
Location Elleton, mil	Injured at home, farm, Industry, public place (where?)
18. Funeral director How Pappein	Means of Injury Anjured at work?
Address Elkton, Md	23. SIGNATURE
19. Mod // 19. 46 In July Gegistrar	Address Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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1	1	9	0	7

DEATH	Reg. Dist.
	weeks minter

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(For newborn infants give residence of mother)
City or town Clater	State Mayland County Cecel
(If outside city or town limits, write RURAL and give nearest town)	City or town Election
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, pr street address where death occurred:	Street No.
Mison Hosp.	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If voteran, namo war
3.(a) FULL NAME	2 (b) Social Soc
Cecelia mayce A	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenute white married	18/17 de 9/00 A
	20. DATE OF DEATH
6, (b) Name of husband or wife Randolk W Ragney	21. I CERTIFY that death occurred on the dato above stated: that I attempted deceased from
0.63 Mathematical and a second a	19. 70. 10. 11. 12. 10.
3. Birth date of Sirth date of	and that I last say h. 2 alivo on 11/15
deceased (ma., day, yr.) July 5 1907	Immediate cause of death
8. AGE: Years Months Days If loss than one day	Ambientary cause of ocata
39 4 12hrs	(Baccom St. CO Acadalila (HIA)
mt Sterling Illingia	Comme James
9. Birthplace	Duo to
2 12	
10. Usual occupation of House	Duo ta
11. Industry or business	
# 12 Name Was Sprouse	Other conditions Milarano of Carra 1 1/4
	Other conditions All Marie Con
13. Birthplace Mr Meshing Ste	(Include pregnancy within 8 months of death)
E 14. Malden name Lillian May Journ	2000000 1-00000
15. Birthplace not Sterling Il	Major findings of operations
	with melastros Date of op 1917 45
18. Informant alerma Kathers & processe	Autopsy results.
Address 30 1 S asaph & alexander a	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 0 10 10	22. VIOLENCE: If death was due to exteroal causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof Prov 4 / 9 4/2. (month) (day) (year)	Accident, suicide, or homicide
SON - C. F.	Where did labory occur?
Comptery or crematory	Whore did Injury occur?
Location Celetons	tajured at home, farm, industry, public place (where?)
It was -	Means of Injury lojured at work?
19. Funorat director	
Address Exten mis	N/ N/ mis Mal
6.11 11 113	23. SIGNATURE M. D. or other
(Dute rec'd by reconstrar)	Edding Me Repeatedly Miliate stoned U/17/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 74

CERTIFICATE OF DEATH

Reg. Diat. No. 96

1. PLACE OF DEATH: COUNTY CECIL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Veterans Administration, Perry Point, Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 21 yrs.4 mos.17 days Hospital, institution, or street address where death occurred: Veterans Administration Hospital, Perry Point, Md. How long in hospital or institution? Since June 20, 1918 3. (a) FULL NAME	State. Maryland County Baltimore City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2419 Orleans Street (If rural, give LOCATION) 2.(a) If veteran, name war. P.T. and WW-I		
SCHWEITZER, Arthur	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH		
6.(b) Name of Nurband of hijk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 19.25 19.46 20. Nov a 14 19.46 Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Bronchopneumonia 4 days		
9. Birthplace	Due to		
12. Name George Schweitzer - deceased 13. Birthplace Germany	Other conditions General Paralysis, cerebral type Over 20 (Include pregnancy within 3 months of death)		
14. Malden name Louisa Golant - deceased 15. Birthplace Germany	Major findings of operations.		
16. Informant Hospital Records, Veterans Hospital,	Autupsy results		
Address Perry Point, Md. Burial Date thereof. Nov.18, 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory. St. Paul's/Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Kingsville, Maryland 18. Funeral director A MILLER TOWN A MILLER	Injured at home, tarm, Industry, public place (where?) Mesons of Injury — Injured at work?		
Address 2334 Jefferson Street Baltimore, Md. 19. (Date rec'd by registrar) Address 2334 Jefferson Street Baltimore, Md. Jame E. Dangler Registrar	A. E. TROLLINGER, M.D. Clini al or other address. Veterans Administration Date signed 11-15-46		



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2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
County	state Maryland County Baltimore
City or fown	
How long in above place of death? 1 yr. 4 mos. 17 days	City or town. Beltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4643 Falls Road
Veterans Administration Hospital, Perry Point	(If rural, give LOCATION)
How long in hospital or institution?Same as above	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
SCOTT, Elisha B.	Unknown
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Married	20. DATE OF DEATH. November 25 19 46 at 1:00 4
8.(b) Name of his land of wite Armenia Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 45 years	July 8 19.45 to November 2519.46
7. Birth date of	and that I last saw h 1m alive on November 25 19 46
deceased (mo., day, yr.) Octobert14, 1895	Immediais cause of death
o. Aut.	General paresis complicated by
51 1 11hrsmln.	terminal status epilepticus Unknown
9. Birthplace Melville Maryland (Town, county, and state)	Oue to
TT-less of sum	
10. Usual occupation. Unknown	Oue to
1t. Industry or business	
置 12. Hame Elisha B. Scott, Sr.	Other conditions
Z t3. Birthplace Davisville, Md.	(Include pregnancy within 3 months of death)
14. Maiden name Harriet E. Edwards 15. Birthplace Baltimore Co., Md.	
Baltimore Co., Md.	Major findings ul operations.
	Date of op.
16 Informant Hospital Records, VAH, Perry Point,	Autopsy results
Address Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) Oate thereof	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Baltinia Co. Ind.	Injured at home, farm, Industry, public place (where?)
9 0. 4. 0. (14)	Maane of Injury / Injured at work?
J. P. IGNBERRY	\$1.MO9
Address 519 W. Mosher St., Beltimore, Md.	22. SIGNATURE
10 nov. 25 10 46 June E. Danglie	V.J. COVALESKY, M.D. Actg. Clin biracton
(Date rec'd by registrar) Registrar	Address VAH, Perry Point Md. Bate signed 11-25-46

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-0)



1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
				T 4 370	State D.C. Cou	unty	
				TAND. URAL and give nearest town)			
How long in abo	ve place of	death? 2 yrs	3.7 mos	29 days	City or town		
		eet address where			Street No. 1306 S Street, 1	N.W., Wash., D).C.
	rans	erry Po	nt, Mo	Hospital	2.(a) It veteran, name war	-	
		S14	ico sun	mer of 1945	Z.(a) It veteran, name war.		
3. (a) FULL	NAME					3. (b) Social Security	
S	YPHAX	Ennis (Te	e, married, widowed, or divorced		U 578-05-	2455
	-				MEDICAL C.	ERTIFICATION	
mal	e	negro	W1.0	lower	20. DATE OF DEATH	30 19 46	al1:30 Pm
R (h) Name of	Suchabel at	with Com	de Syr	hex	21. I CERTIFY that death occurred on the date abo		
					March 31	44 10 Nov 3	0, 19.46
7. Birth date of	1			c) It alive, give ageyears	and thal I last saw himalive on	November 30	19.46
deceased (m	o., day, yr.) Years	Months	per 27,	If less than one day	Immediate cause of death.		
8. AGE:	66	0	3	hrs. min.	Disease of the heart		
					sclerotic	***************************************	**
9, Birthplace.	Arl	ington, T	Ta a	stete)	Due to		

		UILAILU	4	•••••	Due to	********************************	
11. Industry or							
里 12. Name.	E1	nnis.G.	Syphax.	- deceased	Other conditions		
ne!					Rectal abscess (Include pregnancy within 3	months of death)	Unknown
		Emma G	ray - c	leceased	Major findings of operations.		
15. Birthp	lace	Unknown	n				
1		tal recor	rds. VA	Hospital, Perry	Antensy results	************************************	
1		Point,			PHYSICIAN: Please underline the eause to w	hich death should be charged	atotistically.
Address					22. VIOLENCE: It death was due to external ca	uses, till in the following:	
17Rel	moval emation, or	removal, Which?	Date ther	eot Dec. 1, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	********
				tional Cemetery	Whera did Injury occur?(City or town)	(County)	(State)
					Injured al home, farm, industry, public place (w		
Location		27	MYGI	Wa. Hure	Means of thiury	injured at work?	
18. Funeral di	rector	TOP FINE	JO I	Mc Huse	8/11/	2 /	
Address	1820	3 -8th St	treat	M.M.		Her G	/
10,	Wasl	hington.	D.C.		V.J. COVALESKY.	M.D. Acte Clar	or other
19. (Date rec	'd by regist	19		Redistror	V.J. COVALESKY, Paddress (VAH, Perry Point,		12-1-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 454

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CERTIFICAT	E UF DEATH Reg. Diat. No.	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	0000
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Marriel	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 1 19 4.6 21 8 1/5	
6.(b) Name of husband or wife Clark Thompson 7. Birth date of deceased (mo., day, yr.) Sept. 15, 19 14 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from A 8 1 5 19 6 to 1000. 11, 19 5 and that I last saw h. Lina, alive on 18 50. 11 19 50 Immediate cause of death 000 000 000 000 000 000 000 000 000 0	<u>"</u>
9. Birthplace	Due te	0000000
12. Name. Trichard Thompson 13. 6irthplace Va. 14. Malden name. Unknown	Other conditions	
15. Birthplace // 16. Informant Martha Dorsey	Major findings af aperations	
Address 2 2 6 E. High ST ECROS Md. 17. Gurial, eremation, or removal. Which? (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, er homicide	******
Cemetery or crematory Providence Considery Location Charactery Many and	Where did injury eccur?	*******
Address 90 9 Softwar of Wif Nel. (Date ree'd by registrar)	23. SIGNATURE James L. John M. D. or other	.0
(Date ree'd by registrar) Registrar	Address Dafe signed 2	27.32

MATERIA DE TENEFRADEU RELEGIO DE LESAM

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Reg.	Diat.	No.	 	 26	0

CERTIFICA	TE OF DEATH	Reg. Diat. No	26
County City or town mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence State	County County	<u>e</u>
How long in above place of death?	(If outside city or town in	mits, write RURAL and give neare	st town)
How long in hospital or institution?	(If rural, g	give LOCATION)	**************
3. (a) FULL NAME Losefih C. W.	Inte	3. (b) Social Security No	umber
Male white Single married wildowed, or divorced white	MEDICAL 20. DATE OF DEATH.	certification	6 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date		
7. Birth dale of deceased (mo., day, yr.) May 16, 1915	and that I last saw halive on	,	19
8. AGE: Yesrs Months Days If less than one day	Immediate cause of death	iary.	DURATION
9. Birthplace	Due to TLOY VV	losles	**************************************
11. Industry or business	Bue to		*******************
12. Name Josefill B. White	Other conditions		**************
14. Maiden name Benfaly L. Fords 15. Birthplace Dorumesty Co., Ma	(Include pregnancy within		
16. Informant Sulfile B. White	Autopsy results. PHYStCIAN: Please underline the cause tu		tistically.
Address (MyVIIII) MA. 17. Gardin, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?) (month) (day) (year)	22. VtOLENCE: If death was due to externs! Accident, suicide, or homicide	causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemelery or crematory () () () () () () () () () (Where did injury occur?(City or tow	n) (County) (State)
Location Location Lynn Hymn Hymn Classical India.	Injured at home, farm, Industry, public place Meane of Injury	(where?)	000000000000000000000000000000000000000
Address Perryville, Mil.	23 SURNITURE (DOS)	worth.	Examiner County
19. Mate rec'd by registrar) (Rate rec'd by registrar) (Registrary	Address Reungs	uu Moste signed	16-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 83-0

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	IDA . A	No	
69.	Diar.	IND	

1. PLACE OF DEATH: COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Veterans Administration Perry Point, Md. (If outside city or town limits, write NORAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	State County Cad sd en County (If outside city or town limits, write RURAL and give nearest town) Street No.		
Veterans Adminis tration, Perry Point, Md. How long In hospital or Institution? Unknown	(If rural, give LOCATION) 2.(a) If veteran, name war. Unknown		
3.(a) FULL NAME WILLIAMS, Joseph A.	3. (b) Social Security Number Unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white Married	20, DATE OF DEATH. November 2, 19 46 at 4:30 A		
6.(b) Name of purposed of wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 19. 46 10 NOV. 2 19. 46		
7. Birth date of 7. Brown and 1. Second 1. Sec	and that I last saw h. 1malive on		
deceased (mo., day, yr.) March 2, 1889	Immediate cause of death		
8. AGE: Years Months Days If less than one day 57 8 0	Hemorrhage of cerebral vessel 15 Min.		
9. Birthplace	Due to.		
	Ditter conditions Right hemiplegia with resid-		
E 13. Birthplace Unknown	uals of cerebral accident; general Unknown arteriosciarosis, within 3 months of death)		
14. Maiden name	Major findings of operations		
16. Informant Hospital Records Veterans Administration	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Perry Point, Maryland 17. Burial (Burial, cremation, or removal. Which?) Date thereot Nov. 9, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Angel Hill Cemetery	Where did Injury occur?		
Location Havre de Grace, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director PENNINGTON & SON, Hevre de Grace, Md. Address	Means of Injury — Injured at work? An energy of 3 Welling		
19 NOV 5 18 46 Presse & Danight 1 (Date rec'd by registrar)	23. SIGNATURE A. E. TROILINGER, M.D. Clinical Director Address Veterans Administration Date signed 11-6-46		

Perry Point, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH 111972₉₆0

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) (For newborn infants give realdence of	F DECEASED:	
City or town	le city or town lin	alts, write RI	JRAL and give nearest town)	State Laryland Co		
			••••••	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. Lising Sun, 1		• 2 • • • 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
					e LOCATION)	
How long in hospital or insti	lulion?			2.(a) if veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	Number
Ralph	Thomas	wilso	on			
11.00%	Color or race	1000	married, widowed, or divorced	MEDICAL C	ERTIFICATION	15
Male	white		arried	20. DATE OF DEATH NOVEM 60	- 11 19.46	, at 3 - P M
6.(b) Name of husband or wi	reIsab	clv	Vilson	21. I CERTIFY that death occurred on the date at	ove stated; that I attended decea	ased from
***************************************			If alive, give ageS.Jyear	and that I last saw h. J		
7. Birth date of deceased (mo., day, yr.)	1 Ve	ber 7	.1882	Immediats cause of death		OURATION
8. AGE: Years	Months	Days	If less than one day	immediats cante of death	I haliana	Teologi
64	0	4	hrsmin			
			l, Larveland.	Due to	DIALARE	310
10. Usual occupation				Due to.		***************************************
별 12. Name	is J. W			Other conditions		
₹ 13. Birthplace De				(Include pregnancy within 3	mouths of death)	
(-	leline ising S			Major madings of operations		
				PHYSICIAN: Please underline the cause to	which death should he charged	statistically.
	. l kis		,	22. VIOLENCE: If death was due to external ca		
17 burial (Burlal, cremation, or	removal. Which?)	Date there	of 140V . 14 1946 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
			etary	Where did injury occur?(City or town)		
Location i S. j.	y Syln	lary]	and a	Injured at home, farm, Industry, public place (9 ± 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
18. Funeral director	ell.	Talle	wan Je Saw	Meens of Injury	injured at work?	
	Terry	ille	, and	23. SIBNATURE	elcomber!	
19. Wate rec'd by registr	19 4 C	In	ene E. Dough	4- 0	Date signed.	2N2

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

10973

Reg. Dist. No. 92

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Single	20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of deceased (mo., day, yr.) 2. 2. 3. 6. (c) If alive, give age years / 8 8 4	and that I last saw h
8. AGE: Years Months Days If less than one day 62 6 / 4	Immediate cause of death. Due to. Due to. Due to.
10. Usual occupation. 11. Industry or business 12. Name	Diher conditions
14. Malden name Unice Mercer 15. Birthplace St augustine Med 16. laformant. Feorge n Wright Address 3454 Market St Wilming tou Del	Major findings of operations
17. Burial, cremation, or removal. Which?) Dale thereof. Month (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Chrackeake Chy RD	Injured at home, farm, Industry, public place (where?)
Address Elkton med	23 SIONATURE (100-10-10) Medical Eximiner Cocil Count
19 00 30 19 46 TK July Registrar Registrar	Address 16 La vil Con Mala signed 1 26-44

